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APPLICANTS					,				
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1 / -	PLICA	TIONS ************************************	***						
IF REQUIRED, F ** 06/10/2004	ORE	IGN FILING LICENSE (	GRANTE	ED .					
Foreign Priority claimed					SHE	SHEETS TOT		AL	INDEPENDENT
Verified and Acknowledged Examiner's Signature Initials TX							CLAII 24		CLAIMS
ADDRESS Edmund J. Walsh Wolf, Greenfield 600 Atlantic Aver Boston, MA 02210	& Sac	:ks, P.C.			·				
TITLE Method of measu	uring (	duty cycle							
FILING FEE	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following:					All Fees  1.16 Fees ( Filing )  1.17 Fees ( Processing Ext. of			
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□ Credit